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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/582,440			ing Date 23/2007	☐ To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			UMBER FI	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		l	N/A	
TO' (37	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *		l	x s = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			l	X \$ =			X \$ =	
APPLICATION SIZE FEE (37 CFR 1.16(a))  APPLICATION SIZE FEE (35 CFR 1.16(a))  STEP 1.16(a)					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY           GLAM/S         HIGHEST											
AMENDMENT	03/22/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 19	Minus	22	= 0	]	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 5	Minus	···5	= 0	ı	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=		X \$ =		OR	x s =	
№	Independent (37 CFR 1 16(h))		Minus	***	-	l	x s =		OR	x s =	
Į.	Application Size Fee (37 CFR 1.16(s))								l		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  *If the "Highest Number Previously Paid For' IN THIS SPACE is less than 2, enter "20".  *If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.  The Thighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 GPR 11.6. The information is required to obtain or retain a benefit by the public within the 16 life (and by the 1921 FA) process) an application Confidentially 37 GPR 11.6. This information is required to obtain or retain a benefit by the public within the 16 life (and by the 1921 FA) process) and public or section of the 16 life (and by the 1921 FA) process and a submitting the completed application form to the 1921 FA). Then will vary depending upon the individual case. Any comments on the amount of time you required to complete this form and/or suppleation for medically individual formation of 1921 FA). The section of the 1821 FA) of the 182